

State of Wyoming Department of Health Behavioral Health Division

Substance Abuse Treatment Certification Renewal Application

Thomas O. Forslund, Director

Chris Newman, Behavioral Health Division, M.H.A., Senior Administrator

Alice Russler, Ed. D., Mental Health and Substance Abuse Services Administrator

Mary Jane Schultz, MSW, Certification and Training Specialist

September 2011

Acknowledgements and Overview

The Renewal Application will be sent to each provider with the pre-site guidance, upon site review schedule confirmation from the Center for the Application of Substance Abuse Technologies [CASAT] Certification Specialist. Please complete the renewal application and submit to your CASAT Certification Specialist, along with any other documentation as indicated in the pre-site guidance instructions. If you have not received pre-site guidance instructions within 30 days prior to your current expiration date, please contact your CASAT Certification Specialist.

Certification to provide substance abuse services is available to any alcohol and drug abuse treatment program that meets the requirements for certification identified in the Rules and Regulations for Substance Abuse Standards [Substance Abuse Standards] Chapters 1-7, and Chapter 8 for court supported treatment [CST] programs. Certification determines if a program has met minimum requirements related to service delivery and has the necessary policy and procedure, organizational protocols, human resource management protocols, clinical, specific level of care, physical plant, and special population protocols to provide substance abuse and co-occurring services. It is understood by the applicant that access to clinical records must be made available to the Wyoming Department of Health, Behavioral Health Division [the Division] and the Division's Contractor, CASAT, at the time of the certification site visit in order to measure compliance with the Substance Abuse Standards. Certification is issued by the Division.

No program, provider, or facility may receive state funds for substance abuse treatment unless certified under the Substance Abuse Standards. Additionally, no substance abuse service program, provider, or facility may receive court referred patients / clients unless certified under the Substance Abuse Standards.

Certification Frequently Asked Questions, please click on link: http://www.health.wyo.gov/mhsa/treatment/Certifications.html

For additional information and/or questions on the renewal application, please contact:

Michelle Padden, MSW, LSW, PCSW CASAT Wyoming Certification Manager Center for the Application of Substance Abuse Technologies (CASAT) (719) 651-3835

E-mail: mpadden@casat.org

Section I: Certification Applicant Information

CST Programs please list the legal entity title / name below on second line, if applicable, and program name as you would like to appear on Certificate for posting.

Agency or Applicant's Name (as you would like to appear on Certificate):	
Legal Entity (if applicable):	
Applicant's Mailing Address:	
City and Zip Code:	
County/Counties of Applicant's Office:	
Applicant's Telephone Number:	
Applicant's Cell Phone Number:	
Applicant's E-mail Address:	
Applicant's Fax Number:	
In-Agency Certification Contact:	
Website:	
*Professional Credentials: Please list licens	ure or professional certification, may use extra page.
Title of Credential:	
State and Date Issued:	
Current Status:	



State of Wyoming Department of Health

Behavioral Health Division

Certification Application Acknowledgement Page

Program or Applicant's Name:	
Completed by:	
Mailing Address:	
Daytime Phone: ()	Date:
Instructions for Certification:	
	cation and checking the acknowledgement statements ag that he or she has read and understands the
change in location, name, ownership, contribution of administrative leave, or closure of this notice, notify the Division within one (ision in writing thirty (30) days prior to any proposed of of the facility, if the director of a program leaves or a program. If there are circumstances that prevent 1) business day of such changes with an explanation buse Standards, Chapter 2, Section 2, (a) (i)
shall file an application for certification thin will be reviewed for completeness. If the a minimum requirements are met, a six (6) mapplication is not complete, it will be return A provisional certificate will only be issued.	ownership, the new owner(s) or controlling parties rty (30) days prior to taking control. The application pplication is complete, and a site visit finds that the nonth provisional certificate will be issued. If the ned to the applicant to address such deficiencies noted. I once the application is complete and approved and a tandards. Substance Abuse Standards, Chapter 2,
facility to another. The program shall imme	e transferable from one owner to another or from one ediately notify the Division if the program is closing, services as indicated. Substance Abuse Standards ,

YES: The program shall immediately notify the Division client or staff death where death occurs on-site. The program	am shall notify the decedent's family
or next of kin as soon as possible. The program shall have critical incidents are handled and reviewed, including notificial shall establish policies and procedures to ensure that in the occurs on-site, the case is properly evaluated, documented, appropriate manner. Substance Abuse Standards , Chapte	ication to the Division. The Division case of a client or staff death that acknowledged, and handled in an
YES: The program shall notify the Division within one accident, or other incident resulting in the interruption of se shall have written policies describing how critical incidents notification to the Division. The Division shall establish poin the case of a critical incident that occurs on-site the case acknowledged, and handled in an appropriate manner. Subsection 2, (a) (vi)	ervices at the location. The program s are handled and reviewed, including policies and procedures to ensure that is properly evaluated, documented,
YES: Legal proceedings. Every program shall report, is award against a program or any person while employed by delivery of the service or which may impact the continued every program shall report any felony conviction against the employed by the program. The report shall be given to the days of receipt of the conviction. Substance Abuse Standa	the program which relates to the operation of the facility. In addition, the program or any person while Division within ten (10) calendar
YES: The program shall ensure that all its program(s), all applicable federal, state, and local laws, regulations, cool Standards, Chapter 2, Section 2, (f) (i)	
YES: The program understands that the Division may coertification if an applicant fails to meet all of the requirem renew the certification if the applicant no longer meets or horules. Substance Abuse Standards, Chapter 2, Section 3	ents of these rules, and may refuse to as violated any provision of these
YES: As the Executive Director, I attest that there is no violation(s) pending against any of the applicants' program service(s) at this time.	<u> </u>
YES: I attest that I have read and understand the Substathe levels of service(s) applying for herein, and have read a contained within each chapter and section that is applicable understand that the Substance Abuse Standards establish statevices; that a continuum of quality, research based, best preservices be made available to Wyoming citizens.	and understand all information to this agency / provider. I andards for substance abuse treatment
Signature of Executive Director	Date

Section II: Application for Level of Service According to the American Society of Addiction Medicine (ASAM Patient Placement Criteria PPC-2R)

<u>PLEASE NOTE:</u> Applicant, if agency provides services in more than one service site location, please print and fill out one (1) additional page for each service site with corresponding address for each site: **Service Site Location Address:**

Applicant, place a check next to each service level applying for each service site location:

Adult Services:

- □ Level 0.5 Early Intervention / DUI Education
- ☐ Level I Substance Abuse Assessment Only
- □ Level I Outpatient Treatment
- ☐ Level II.1 Intensive Outpatient Treatment
- □ Level II.5 Partial Hospitalization
- ☐ Level III.1 Clinically Managed Low-Intensity Residential Treatment
- ☐ Level III.3 Clinically Managed Medium-Intensity Residential Treatment
- □ Level III.5 Clinically Managed High-Intensity Residential Treatment
- □ Level III.7 Medically Monitored Intensive Inpatient Treatment
- □ Level IV Medically Managed Intensive Inpatient Treatment

Adult Detoxification Services:

- □ Level I-D Ambulatory Detoxification Without Extended Onsite Monitoring
- ☐ Level II-D Ambulatory Detoxification With Extended Onsite Monitoring
- ☐ Level III.2-D Clinically Managed Residential Detoxification (Social Detoxification)
- □ Level III.7-D Medically Monitored Inpatient Detoxification
- ☐ Level IV-D Medically Managed Intensive Inpatient Detoxification

Recovery Support Services for Substance Abuse Services:

- □ Recovery Support Services, Non-Residential
- □ Supportive Transitional Drug-Free Housing Services

Adolescent Services:

- □ Level 0.5 Early Intervention / MIP Education
- ☐ Level I Substance Abuse Assessment Only
- □ Level I Outpatient Treatment
- □ Level II.1 Intensive Outpatient Treatment
- □ Level II.5 Partial Hospitalization
- ☐ Level III.1 Clinically Managed Low-Intensity Residential Treatment
- ☐ Level III.5 Clinically Managed Medium-Intensity Residential Treatment
- □ Level III.7 Medically Monitored High-Intensity Residential/Inpatient Treatment
- ☐ Level IV Medically Managed Intensive Inpatient Treatment

Adolescent Detoxification Services:

- ☐ Level III.5-D Clinically Managed Residential Detoxification
- ☐ Level III.7-D Medically Monitored Inpatient Detoxification
- ☐ Level IV-D Medically Managed Intensive Inpatient Detoxification

Special Population Designations:

- □ Co-Occurring Disorder Treatment
- □ Women's Treatment Services
- ☐ Residential Treatment for Persons with Dependent Children
- Criminal Justice Population
- Adolescent Treatment